LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

158 Lobbylst's Registration Number

Instructions

· Print in ink of type.

1. NAME_ Thevenot

- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Richard

| | FOR OFFICE USE ONLY Postmark Date: 12.18 03 |
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|---|--|---|------------------------------------|---|--------------------------|
| 2. BUSINESS PHONE2 | 25-338-0779 | | | | |
| 3. BUSINESS ADDRESS | 521 America Street, E | saton Rouge, LA 7 | 0802 | | |
| - | Street and No. | City | State | Zlp | |
| MAILING ADDRESS | same as above | <u>-</u> | | . | |
| | Street and No. | City | State | Zip | |
| 4. EMPLOYERAEPla | ne, LLC | | | | |
| 5. EMPLOYER'S ADDRES | SS 521 America Street | , Baton Rouge, I | A 70802 | | |
| • | Street and No. | City | State | Xip. | |
| 6. Have you ceased or term | inated all lobbying activities requ | uiring registration? Ye | sX No_ | | |
| 7. LIST BELOW (a) Name person, group, or organ | s of persons, groups, or organiza ization listed; (c) the type of bus | gions which you are add iness each is engaged in | ling or elimination or the purpose | ng; (h) the address of our function of the orga | each such nization or |

C.

group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: ATA Louisiana, the Louisiana Architects Association

Address 521 America Street, Baton Rouge, LA 70802

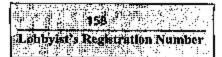
Business or purpose To promote quality architectural services

New Representation
Does this person pay you?______

If No, who pays you?______

X Terminated Representation as of 12-31-2003

SUPPLEMENTAL REGISTRATION FORM



| 2. | Name |
|----|--|
| | Address |
| | Busincas or purpose |
| | New Representation Does this person pay you? |
| | If No, who pays you? |
| | □ Terminated Representation as of |
| 3. | Name |
| | Address |
| | Dusiniss or purpose |
| | New Representation Does this person pay you? |
| | If No, who pays you? |
| | ☐ 'Terminated Representation as of |

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 601, Rev. 10/2002